



JARVIS HEAT & AIR, LLC

Lake Butler, FL 32054

Phone: 386-496-4603

CAC1816766

Date: 09/09/2024

Owner: Partners Of Hope International, INC.

Address: 225 NW REAL TERRACE LAKE CITY FL 32055

Parcel #: 35-3S-16-02585-000

Building Code Edition Florida Building Code 2017 6th Edition & 2014 National Electrical Code

FEMA map number 12023C0291D

Permit #: 000035066 Issued: 3/17/2017 and Permit #: 000037120 Issued: 8/21/2018

After inspection of the installation of the HAVC & MECHANICAL system at PARTNERS OF HOPE INTERNATIONAL INC. building located at 225 NW REAL TERRACE LAKE CITY FL 32055, the system installed per the Building Code Edition Florida Building Code 2017 6th Edition and permitted plans provided by N.P. Geisler Architect AR0007005 dated. 2017-10-27

The following are inspections completed by the Columbia County Building Department

Passed: Mechanical - Rough In Veterans Area, Troy Crews, 9/24/2018

A handwritten signature in black ink, appearing to read "Robert D Jarvis", is written over a large, stylized circular flourish.

Robert D Jarvis

Jarvis Heat and Air, LLC

State of Florida License # CAC1816766

MATTHEWS ELECTRIC LLC

285 SW HOLLY GLN
LAKE CITY FL 32024
(PHONE)- 386-344-2029

Owner: Partners Of Hope International, INC.
Address: 225 NW REAL TERRACE LAKE CITY FL 32055
Parcel #: [35-3S-16-02585-000](#)

Building Code Edition Florida Building Code 2017 6th Edition & 2014 National Electrical Code
FEMA map number 12023C0291D
Permit #: 000035066 Issued: 3/17/2017 and Permit #: 000037120 Issued: 8/21/2018

After inspection of the installation of the electrical system at PARTNERS OF HOPE INTERNATIONAL, INC. building located at 225 NW REAL TERRACE LAKE CITY FL 32055, the electrical system is installed per the 2014 National Electrical Code and permitted plans provided by N.P. Geisler Architect AR0007005 dated. 2017-10-27

The following are inspections completed by the Columbia County Building Department

Permanent Power Inspection, Troy Crews, 9/28/2017

Passed: Electrical - Rough In, Partial Randy Jones 12/27/2017

Passed: Electrical - Rough In Veterans Area, Troy Crews, 9/24/2018



Marcus Matthews.
Matthews's Electric, LLC
State of Florida License # EC13005459



686 Edgewood Ave. N.
Jacksonville, FL 32254
Ph: 904-384-1066 Fax: 904-302-9808

Form for Inspection, Testing and Maintenance of Fire Sprinkler Systems

Owner: _____ Property Inspected: Renewed Thrift Store

Owners Address: _____ Property Address: 225 NW Real Terrace
Lake City, FL 32055

Date of Inspection: 9/5/2024 All responses refer to the current inspection performed on this date.

This inspection is: (check one) ☐ Monthly ☐ Quarterly ☐ Semiannual ☒ Annual ☐ Third Year ☐ Fifth Year

Note: All questions are to be answered Yes, No, or N/A. All "No" answers are to be explained in the comments portion of this form.

PART I - OWNER'S SECTION

- | | | | |
|---|---|-----------------------------|------------------------------|
| A. Is the building occupied? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Has the occupancy classification & hazard of contents remained the same since the last inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Are all fire protection systems in service? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Has the system remained in service without modification since the last inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Was the system free of actuation of devices or alarms since the last inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Laster C Faulkner
Owner or Representative Print Name

Laster C Faulkner 09/05/2024
Signature & Date

PART II - INSPECTOR'S SECTION

A. Inspection

1. Daily, or weekly if low temperature alarms are installed.

Enclosures around dry-pipe, preaction or deluge valves maintaining a minimum of 40 degrees F? ☐ Yes ☐ No ☒ N/A

2. Weekly inspection item.

Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? ☐ Yes ☐ No ☒ N/A

3. Weekly inspection items which can be performed montly if the items are electrically supervised or secured with locks.

A. Gauges on dry, preaction & deluge systems in good condition, showing normal air/ water pressure? ☐ Yes ☐ No ☒ N/A

B. Control valves & isolation valves on backflow prevention devices:

1. In correct (open or closed) position? ☒ Yes ☐ No ☐ N/A

2. Sealed, locked or supervised and accessible? ☒ Yes ☐ No ☐ N/A

4. Monthly inspection items

A. Preaction and deluge valves:

1. Free from physical damage? ☐ Yes ☐ No ☒ N/A

2. Trim valves in appropriate (open or closed) position and no leakage from valve seat? ☐ Yes ☐ No ☒ N/A

3. Electrical components in service? ☐ Yes ☐ No ☒ N/A

B. Dry-Pipe Valves:

1. Free from physical damage? ☐ Yes ☐ No ☒ N/A

2. Trim valves in appropriate (open or closed) position? ☐ Yes ☐ No ☒ N/A

3. No leakage from intermediate chamber? ☐ Yes ☐ No ☒ N/A

C. Sprinkler wrench with spare sprinklers? ☒ Yes ☐ No ☐ N/A

D. Gauges on wet-pipe system in good condition and showing normal water supply? ☒ Yes ☐ No ☐ N/A

E. Alarm Valves:

1. Gauges show normal supply water pressure? ☐ Yes ☐ No ☒ N/A

2. Free from physical damage? ☐ Yes ☐ No ☒ N/A

3. Valves in correct (open or closed) position? ☐ Yes ☐ No ☒ N/A

4. No leakage from retarding chamber or drains? ☐ Yes ☐ No ☒ N/A

Form for Inspection, Testing and Maintenance of Fire Sprinkler Systems

5. Quarterly Inspection Items

A. Sprinkler Pressure Regulating Control Valves:

- | | | | |
|---|------------------------------|-----------------------------|---|
| 1. In open position and not leaking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 2. Maintaining downstream pressure per design criteria? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 3. In good condition with handwheels not broken? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

B. Fire Department Connections:

- | | | | |
|---|---|-----------------------------|------------------------------|
| 1. Visible and accessible? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Couplings and swivels not damaged and rotate smoothly? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Plugs or caps in place and undamaged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Gaskets in place and in good condition? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Identification sign(s) in place? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Check valve is not leaking? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Automatic drain valve in place and operating properly? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Note: If plugs or caps are not in place, inspect the interior for obstruction and verify that the valve clapper is operational over its full range.

- | | | | |
|---|---|-----------------------------|------------------------------|
| C. Alarm devices free from physical damage? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|---|---|-----------------------------|------------------------------|

- | | | | |
|--|------------------------------|-----------------------------|---|
| D. Hydraulic nameplate, if provided, securely attached to riser and legible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
|--|------------------------------|-----------------------------|---|

6. Annual inspection items

- | | | | |
|--|---|-----------------------------|------------------------------|
| A. Proper number and type of spare sprinklers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|--|---|-----------------------------|------------------------------|

B. Visible sprinklers:

- | | | | |
|---|---|--|------------------------------|
| 1. Free of corrosion? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Free of obstruction to spray patterns? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Free of foreign materials including paint? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Free of physical damage? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

C. Visible pipes:

- | | | | |
|---|---|-----------------------------|------------------------------|
| 1. In good condition? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Free of mechanical damage and not leaking? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. No external corrosion? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Properly aligned? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. No external loads? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

- | | | | |
|--|---|-----------------------------|------------------------------|
| D. Hydraulic nameplate, if provided, securely attached to riser and legible? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|--|---|-----------------------------|------------------------------|

E. Must be done before cold weather:

- | | | | |
|---|---|-----------------------------|---|
| 1. Adequate heat in areas with wet piping? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Low temperature alarms in dry-pipe, preaction and deluge valve enclosures functioning? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| 3. Are preaction & dry-pipe system which passes through freezers free of ice blockage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

7. Annual, or every 5th year for valves which can be reset without opening:

- | | | | |
|---|------------------------------|-----------------------------|---|
| Interior of dry-pipe, preaction & deluge valves passed internal inspection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
|---|------------------------------|-----------------------------|---|

8. Fifth year inspection items:

- | | | | |
|---|------------------------------|-----------------------------|---|
| A. Alarm valves & their assoc. strainers, filters & restriction orifices passed internal inspection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| B. Check valves internally inspected & all parts operate properly, move freely & in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| C. Strainers, filters, restricted orifices & diaphragm chamber on dry-pipe, preaction & deluge valves passed internal inspection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

B. Testing

The following tests are to be performed at the noted intervals, Report any failures on Part III of this form

1. Quarterly Tests

A. Sprinkler system main drain test:

- | | | |
|--|--|--|
| 1. Record Static Pressure: <input type="text" value="77"/> psi | Residual Pressure: <input type="text" value="62"/> psi | |
| Was flow observed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. Are results comparable to previous test? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> N/A |

Form for Inspection, Testing and Maintenance of Fire Sprinkler Systems

B. Waterflow alarm devices passed tests?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
1. Inspectors test connection open? (wet-pipe when not in freezing weather)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Bypass connection open? (wet-pipe sys. In freezing weather, dry-pipe, or preaction)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
3. Alarms actuated and flow observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C. Control valves (except OS&Y and gear operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D. Dry-pipe and preaction systems:				
1. Priming water level correct?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
2. Low air pressure signal passed test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
E. Quick opening devices passed test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
F. Valve supervisory switches indicate movement?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Annual Tests				
A. Are all sprinklers in service dated 1920 or later?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B. Fast response sprinklers in service for less than 20 years?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<i>If "No" test now and every 10 years</i>				
C. Standard sprinklers less than 50 years old?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<i>If "No" has a test sample been tested within 50 years?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If "No" test now and every 10 years</i>
D. Specific gravity of antifreeze correct?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
E. All control valves operated through full range and returned to normal position?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
F. Low temperature alarms in dry-pipe, preaction and deluge valve enclosures passed test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
G. Preaction and deluge valve full flow trip test: (except deluge valves)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<i>(Test all systems together which will operate simultaneously.)</i>				
1. Water discharge from all nozzles unimpeded?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
2. Pressure reading at hydraulically most remote nozzle		<input type="text"/>	PSI	
3. Residual pressure reading at valve		<input type="text"/>	PSI	
Was flow observed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
4. Are above readings comparable to design valve?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
5. Manual activation devices passed test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
6. Automatic air pressure maintenance devices passes test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
H. Dry-pipe valve partial flow trip test:				
1. Record initial air pressure		<input type="text"/>	PSI & water pressure	<input type="text"/>
2. Record tripping air pressure		<input type="text"/>	PSI & tripping time	<input type="text"/>
3. Are above results comparable to previous test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
I. Automatic air maintenance device on dry-pipe and preaction systems passed test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
J. Backflow devices passed backflow test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
K. Backflow devices passed full flow test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
L. All sprinkler pressure regulating control valves passed full flow test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
3. Dry-pipe full flow test to be done every third year.				
1. Record initial air pressure		<input type="text"/>	PSI & water pressure	<input type="text"/>
2. Record tripping air pressure		<input type="text"/>	PSI & tripping time	<input type="text"/>
3. Was water delivered to inspectors test connection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
4. Are above results comparable to previous test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
4. Tests to be done every fifth year.				
A. Extra high, very extra high and ultra high temperature sprinklers tested?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
B. Gauges checked against calibrated gauges or replaced?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

PART III - COMMENTS

Pendant head in sidewall position

2ND FL BEDRROMS MULTIPLE PAINTED HEADS

2ND FL BEDROOMS UPRIGHTS IN PD POSITION


2ND FL BEDROOMS 1 PD RECESSED TOO FAR INTO CEILING

PART IV - INSPECTOR'S INFORMATION

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Inspector : Scott Oyler

Inspector #: FPI 23-000324

Inspector Signature: 

Date: 9/5/2024
